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|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------|
| State: | Arkansas | Filing Company: | National Union Fire Insurance Company of Pittsburgh, PA |
| TOI/Sub-TOI: | H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity | | |
| Product Name: | EOVLHC A&S Indemnity - National Union Fire Insura | | |
| Project Name/Number: | EOVLHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA/EOVLHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA | | |

Filing at a Glance

| | |
|----------------------|---------------------------------------------------------|
| Company: | National Union Fire Insurance Company of Pittsburgh, PA |
| Product Name: | EOVLHC A&S Indemnity - National Union Fire Insura |
| State: | Arkansas |
| TOI: | H14G Group Health - Hospital Indemnity |
| Sub-TOI: | H14G.000 Health - Hospital Indemnity |
| Filing Type: | Form |
| Date Submitted: | 09/11/2012 |
| SERFF Tr Num: | MCHX-G128664973 |
| SERFF Status: | Closed-Approved-Closed |
| State Tr Num: | |
| State Status: | Approved-Closed |
| Co Tr Num: | EOVLHC (8/12) |
| Implementation | On Approval |
| Date Requested: | |
| Author(s): | SPI McHughConsulting |
| Reviewer(s): | Rosalind Minor (primary) |
| Disposition Date: | 09/14/2012 |
| Disposition Status: | Approved-Closed |
| Implementation Date: | |

State Filing Description:

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, PA
TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
Product Name: EOVLHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA
Project Name/Number: EOVLHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA/EOVLHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA

General Information

Project Name: EOVLHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA Status of Filing in Domicile: Not Filed
Project Number: EOVLHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Filing not required in Domicile
Explanation for Combination/Other: Market Type:
Submission Type: New Submission Overall Rate Impact:
Filing Status Changed: 09/14/2012
State Status Changed: 09/14/2012 Deemer Date:
Created By: SPI McHughConsulting Submitted By: SPI McHughConsulting
Corresponding Filing Tracking Number:

Filing Description:

RE: National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550
Revised Explanation of Variables for Form Number N20000 et al

McHugh Consulting Resources, Inc. has been requested to file the attached on behalf of National Union Fire Insurance Company of Pittsburgh, PA. We have provided an authorization letter for your files.

The Company has provided the following descriptive information regarding the filing which we are relaying on their behalf:

Group Accident and Sickness Insurance Policy Form N20000 et al was approved by your Department on August 25, 2005. Subsequent enhancements to this product were approved on January 31, 2006, June 19, 2007, February 25, 2011 and July 15, 2011.

We are submitting for your review and approval a revised Explanation of Variables (EOV) for the subject filing. EOVLHC (Rev 8/12) replaces the original Explanation of Variables (no form number) which was approved as supporting documentation with the referenced filing.

This revised document has been prepared to either add specific ranges to bracketed items where ranges were not displayed in the original EOV and/or to add new variable ranges to previously approved bracketed materials. The revised or expanded ranges are highlighted. This document also incorporates the various variability statements for forms that were submitted and approved after the original filing, as specified above.

Thank you for your attention to this filing. Should you have any questions regarding this filing, please feel free to contact me.

Sincerely,

Jane Neal
McHugh Consulting Resources, Inc
215 230 7960

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, PA

TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name: EOVLHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA

Project Name/Number: EOVLHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA/EOVLHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA

Company and Contact

Filing Contact Information

Kathy Nangle, Compliance Project Specialist

McHugh Consulting Resources 215-230-7960 [Phone]
2005 S. Main Street, Suite 207 215-230-7961 [FAX]
Doylestown, PA 18901

Filing Company Information

(This filing was made by a third party - McHughConsulting)

| | | |
|---------------------------------------------------------|-------------------------|--------------------|
| National Union Fire Insurance Company of Pittsburgh, PA | CoCode: 19445 | State of Domicile: |
| 175 Water Street | Group Code: 12 | Pennsylvania |
| 18th Floor | Group Name: | Company Type: |
| New York, NY 10038 | FEIN Number: 25-0687550 | State ID Number: |
| (302) 765-1756 ext. [Phone] | | |

Filing Fees

| | |
|------------------|---------|
| Fee Required? | Yes |
| Fee Amount: | \$50.00 |
| Retaliatory? | No |
| Fee Explanation: | |
| Per Company: | No |

| Company | Amount | Date Processed | Transaction # |
|---------------------------------------------------------|---------|----------------|---------------|
| National Union Fire Insurance Company of Pittsburgh, PA | \$50.00 | 09/11/2012 | 62587413 |

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|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------|
| State: | Arkansas | Filing Company: | National Union Fire Insurance Company of Pittsburgh, PA |
| TOI/Sub-TOI: | H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity | | |
| Product Name: | EOV LHC A&S Indemnity - National Union Fire Insura | | |
| Project Name/Number: | EOV LHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA/EOV LHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 09/14/2012 | 09/14/2012 |

| | | | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------|
| State: | Arkansas | Filing Company: | National Union Fire Insurance Company of Pittsburgh, PA |
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| Product Name: | EOV LHC A&S Indemnity - National Union Fire Insura | | |
| Project Name/Number: | EOV LHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA/EOV LHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA | | |

Disposition

Disposition Date: 09/14/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Authorization Letter | Approved-Closed | Yes |
| Supporting Document | Explanation of Variables | Approved-Closed | Yes |

| | | | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------|
| State: | Arkansas | Filing Company: | National Union Fire Insurance Company of Pittsburgh, PA |
| TOI/Sub-TOI: | H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity | | |
| Product Name: | EOV LHC A&S Indemnity - National Union Fire Insura | | |
| Project Name/Number: | EOV LHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA/EOV LHC A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA | | |

Supporting Document Schedules

| | | Item Status: | Status Date: |
|------------------|----------------------|-----------------|--------------|
| Bypassed - Item: | Flesch Certification | Approved-Closed | 09/14/2012 |
| Bypass Reason: | n/a | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|------------------|-------------|-----------------|--------------|
| Bypassed - Item: | Application | Approved-Closed | 09/14/2012 |
| Bypass Reason: | n/a | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------------------|----------------------|-----------------|--------------|
| Satisfied - Item: | Authorization Letter | Approved-Closed | 09/14/2012 |
| Comments: | | | |
| Attachment(s): | | | |
| 2012 NUFIC Authorization Letter.PDF | | | |

| | | Item Status: | Status Date: |
|--------------------------------------------------|--------------------------|-----------------|--------------|
| Satisfied - Item: | Explanation of Variables | Approved-Closed | 09/14/2012 |
| Comments: | | | |
| Attachment(s): | | | |
| Version 3 - Full Version Expanded Flex EOv-2.PDF | | | |

**NATIONAL UNION FIRE INSURANCE
COMPANY OF PITTSBURGH, PA.**

Administrative Offices:

A&H Regulatory Affairs Department
P.O. Box 9708
Wilmington, DE 19809



July 12, 2012

National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550

Re: Attached Filing Submission

Please accept this letter as authorization from National Union Fire Insurance Company of Pittsburgh, Pa., for McHugh Consulting Resources, Inc. to file any or all policy forms and/or rates as referenced in the corresponding SERFF filing on behalf of National Union Fire Insurance Company of Pittsburgh, Pa.

Sincerely,

A handwritten signature in cursive script that reads "Susan E. Martin".

Susan E. Martin
Assistant Vice President
National Union Fire Insurance Company of Pittsburgh, Pa.

EXPLANATION OF VARIABLES

POLICY – N20000, N20000AIG or N20000NUFIC

Face Page

- Policyholder Name, Policy Number and Effective Date will vary from group to group. Reference to Policy Termination Date will be included when policy is written for a specific term.

Policy Effective and Termination Dates Section

- **Termination.** Reference to Policy Termination Date will be included when policy is written for a specific term. The text is variable to include both (1) and (2) with the lead-in “*on the earlier of*”. The other options are (1) only (w/o the numeric) or (2) only (w/o the numeric). All of this flows from having or not having a Policy Termination Date. The variable minimum participation requirements will be included in guarantee issue arrangements and omitted when the product is individually underwritten.

Premiums Section

- **Premiums.** The second sentence will only be included if premium is payable on other than a single premium basis. The mode in the second sentence will vary from group to group depending on options selected. The third sentence will be included or omitted on a case-by-case basis.
- **Grace Period.** The 31 day period may vary to 60, 90 or 120 days. The second sentence in the second paragraph will be included or omitted on a case-by-case basis and the bracketed text within that statement will also be included or omitted on a case-by-case basis.

General Provisions Section

- **Incontestability.** The two year period may vary to three years from group to group for compliance with the minimum statutory requirements of the state in which the Policy is delivered.
- **Beneficiary Designation and Change.** Reference to Company and Policyholder will vary between the two options from group to group. Dependent paragraph will be deleted if no coverage is afforded to Dependents.
- **Legal Actions.** Time periods may vary to two, three, four five years; 60, 90, 180 days from group to group for compliance with the minimum statutory requirements of the state in which the Policy is delivered.
- **Assignment.** The provision will vary between the two options from group to group.
- **Incorporation Provision.** The bracketed [and Sickness] reference should be deleted if the program is written on an accident-only basis

Claims Provisions Section

- **Notice of Claim.** Will be at least a 20 day period and may vary to 40, 50, 60 days from group to group. The address is variable in case that should change.
- **Claim Forms.** Will be at least a 15 day period and may vary to 5 or 10 days from group to group.
- **Proof of Loss.** Will be at least a 90 day period and may vary to 100, 120, 140, 160 days from group to group.

CERTIFICATE – N20001, N20001AIG or N20001NUFIC

Face Page

- Policyholder Name and Policy Number will vary from group to group.
- **About this Certificate.** Reference to “Sickness” will be deleted when program is written on an accident-only basis.
- **Right to Examine Certificate.** This will be included when product is mass-marketed.
- **Note.** This will be included when the policy contains a waiting period for sickness. Waiting Period will vary to ranges displayed.

Table of Contents

- Reference to Dependent Coverage is omitted when no coverage afforded for Dependents.

EXPLANATION OF VARIABLES

Schedule

- Section will be included or omitted from group to group. If included, class will vary from group to group. Field for Insured's name will be included or omitted on a case-by-case basis. Effective Date and Premium Fields will vary from case-to-case and/or person-to-person. Covered Activity field will be included if case is sold with Covered Activities.

Schedule of Benefits

- Each of the bracketed benefits will be included or omitted on a case-by-case basis depending on the program purchased. Any bracketed items within a benefit will also be included or omitted on a case-by-case basis depending on the program purchased. Numeric fields will vary to the ranges displayed except as follows:
 1. The range for the Hospital Admission Benefit is expanded to [\$50 - \$2,500]
 2. The range for the Hospital Confinement Benefit for both the first 30 days and thereafter is expanded to [\$50 - \$1,500]. Additionally, this benefit may be presented as a fixed amount (between \$50 and \$1,500) with no references to the first 30 days and over 30 days.
 3. The range for the Surgical Benefit under Surgical/Anesthesia Benefit is expanded to [50% - 600%] of the amounts shown in the Schedule of Operations.
 4. The Maximum Intensive Care Unit Benefit period under Intensive Care Unit Benefit is expanded from 30 days to a range of [15 – 30] days.
 5. The range for Maximum Number of Visits under Physician's Office Visit Benefit is expanded to [up to 6 per calendar year] for any one insured person and [up to 12 per calendar year] for all insured persons in a family.
 6. The range for the Daily Benefit under the Continuous Care Benefit is expanded to [\$25 - \$1,500].

Definitions Section

- Definitions will be included or omitted as follows on a case-by-case basis depending on the program purchased:

The definition of *Ambulatory Surgical Center* will only be included if the policy contains the Ambulatory Surgical Center benefit.

The definition of *Coccyx* will only be included if the policy contains the Fractures and Dislocations benefit.

The definition of *Common Carrier* will only be included if the policy contains the Common Carrier benefit.

The definition of *Complications of Pregnancy* will only be included if the policy excludes benefits for Pregnancy (except Complications of Pregnancy which must always be covered).

The definition of *Coma* will only be included if the policy contains the Coma benefit.

The definition of *Concussion* will only be included if the policy contains the Fractures and Dislocations benefit.

The definition of *Covered Activities* will only be included if the policy is written on a Covered Activities basis.

The definition of *Dislocation* will only be included if the policy contains the Fractures and Dislocations benefit.

The definition of *Domestic Partner* will only be included if the policy contains coverage for Domestic Partners. Definition is variable to define as same sex, opposite sex or both and to vary the time period to either 6 or 12 months.

The definition of *Eligible Dependent* will only be included if the policy contains Dependent Coverage. Bracketed reference to Eligible Dependent Child will be removed if product covers Spouse only.

The definition of *Eligible Dependent Child(ren)* will only be included if the policy contains Dependent child coverage. The bracketed phrase "from the moment of placement in the home of the Insured" may be included or omitted on a case-by-case basis and the student age may vary to the ranges displayed. The definition of Eligible Dependent Child is also variable to delete the marriage and student requirements and to adjust the limiting age to track with the provisions of PPACA if requested.

EXPLANATION OF VARIABLES

The definition of *Eligible Spouse* will only be included if the policy contains coverage for Dependent Spouses. Bracketed reference to Domestic Partner will be included if the policy contains coverage for Domestic Partners.

The definition of *Elimination Period* will only be included if the policy contains the Hospital Confinement Benefit and/or the [Sickness and] Non-Occupational Accident Disability benefit.

The definition of *Emergency Treatment* will only be included if the policy the Ambulance benefit, the Emergency Room Accident Treatment benefit and/or the Emergency Room Sickness Treatment benefit rider.

The definition of *Family Coverage* will only be included if the policy contains coverage for Dependents.

The definitions of *Fracture* and *Hairline Fracture* will only be included if the policy contains the Fractures and Dislocations benefit.

The definition of *Hospice* will only be included if the policy contains the Continuous Care benefit.

The definition of *Hospital* will only be included if the policy contains the Hospital benefit or the Continuous Care benefit, Ambulatory Surgical Center or if it contains the Complications of Pregnancy definition.

The definition of *Immediate Family Member* will always be included.

The definition of *Injury* will always be included. Bracketed reference to Covered Activity will only be included if the policy is written on a Covered Activities basis.

The definition of *Inpatient* will only be included if the policy contains the Hospital Confinement benefit, the Continuous Care benefit, the definition of Period of Confinement or the Waiver of Premium benefit.

The definition of *Insured* will always be included.

The definition of *Insured Dependent* will only be included if the policy contains Dependent Coverage. Bracketed reference to Insured Dependent Child will be removed if product covers Spouse only.

The definition of *Insured Dependent Child(ren)* will only be included if the policy contains Dependent child coverage.

The definition of *Insured Person* will always be included. The bracketed reference to Insured Dependent will only be included when the policy includes Dependent coverage.

The definition of *Insured Spouse* will only be included if the policy contains Dependent spouse coverage.

The definition of *Intensive Care Unit* will only be included if the policy contains a separate ICU benefit under the Hospital benefits provision.

The definition of *Limb* will only be included if the policy contains the Paralysis benefit.

The definition of *Loss* will only be included if the policy contains the Accidental Dismemberment benefit.

The definition of *Osteoporosis* will only be included if the policy contains the Fractures and Dislocations benefit.

The definition of *Paralyzed or Paralysis* will only be included if the policy contains the Paralysis benefit.

The definition of *Pathological Fracture* will only be included if the policy contains the Fractures and Dislocations benefit.

The definition of *Period of Confinement* will only be included if the policy contains the Hospital benefit.

The definition of *Physician* will always be included.

The definition of *Pregnancy* will be included if the policy either covers or excludes pregnancy.

The definition of *Prosthetic Device/Prosthesis* will only be included if the policy contains the Prosthesis benefit.

The definition of *Quadriplegia* will only be included if the policy contains the Paralysis benefit.

The definition of *Rehabilitation Facility* will only be included if the policy contains the Continuous Case benefit.

The definition of *Rehabilitation Unit* will only be included if the policy contains the Hospital definition.

EXPLANATION OF VARIABLES

The definition of *Paralyzed or Paralysis* will only be included if the policy contains the Paralysis benefit.

The definition of *Reduction* will only be included if the policy contains the Fractures and Dislocations benefit.

The definition of *Schedule* will always be included.

The definition of *Severe Burn/Severely Burned* will only be included if the policy contains the Severe Burn benefit.

The definition of *Sickness* will always be included. The bracketed reference to Pregnancy will only be included when Pregnancy is covered the same as any other condition.

The definition of *Skilled Nursing Facility* will only be included if the policy contains the Continuous Care benefit.

One of the definitions of *Total Disability or Totally Disabled* will only be included if the policy contains the [Sickness and] Non-Occupational Accident Disability Income benefit. Only one version may be used. Bracketed reference to Sickness in Version 1 is variable to be removed when policy is written as accident only. Bracketed time periods in Version 2 are variable to ranges displayed.

The definition of *Waiting Period* will only be included if the policy contains a waiting period for sickness benefits.

Effective and Termination Dates Section

Effective Date

- The text indicated by “*Option 1 – Medically Underwritten Plans*” will be included when the program is sold on a medically underwritten basis. Bracketed text within that section will either be included, omitted or vary to ranges displayed as the context requires.
- The text indicated by “*Option 2 – Guarantee Issue Plans*” will be included when the program is sold on a guarantee issue basis. Bracketed text within that section will either be included, omitted or vary to ranges displayed as the context requires.
- The Actively-at-Work requirement, Late Entrant provision, Evidence of Insurability requirement, Change in Family Status provision and Open Enrollment provision will each be included or omitted on a case-by-case basis. When included, bracketed text within these sections will either be included, omitted or vary to ranges displayed as the context requires.
- In the Effective Date of Changes provisions, the first sentence will vary between the two options from group to group. The second paragraph (actively-at-work) will be included or omitted on a case-by-case basis. When included, text will be included, omitted or vary to ranges displayed as the context requires.

Termination Date

- Bracketed text in the Insured’s Termination Date section will be included, omitted or vary to ranges or options displayed on a case-by-case basis.
- The Reinstatement of Insurance provision will be included or omitted on a case-by-case basis. The six month period therein may vary to some lesser period of time.
- The Exceptions to Termination of Insurance provision will be included or omitted from group to group. For example, it would not be included unless the insureds were *employees*. The twelve month period therein may vary to some lesser period of time.
- The Insured Dependent’s Termination Date section will be included or omitted on a case-by-case basis. When included, bracketed text therein will be included, omitted or vary to ranges or options displayed on a case-by-case basis.

Continuation and Portability Section

- These two provisions will either be both included, both omitted or one included and the other omitted, depending on the program sold. When included, bracketed text therein will be included, omitted or vary to ranges or options displayed on a case-by-case basis.

EXPLANATION OF VARIABLES

Premiums Section

- **Premiums.** The second sentence will be included or omitted on a case-by-case basis depending on whether or not the premiums are displayed in the Schedule.
- **Grace Period.** The 31 days may vary to 60, 90 or 120 days.
- **Waiver of Premium.** The numeric field will vary to the ranges displayed.

Benefits and Coverages Section

- Each of the bracketed benefits will be included or omitted on a case-by-case basis depending on the program purchased. Any bracketed items within a benefit will also be included or omitted on a case-by-case basis depending on the program purchased. Numeric fields will vary to the ranges displayed except that the variable options for frequency of the Hospital Admission Benefit is expanded to
 1. [for each Period of Confinement]
 2. [once per calendar year]
 3. twice per calendar year].

Limitations and Exclusions Section

Limitations

- **Reduction of Benefits.** This will be included or omitted on a case-by-case basis. When included, the benefits to which the reduction applies will be listed in the first sentence. Age fields and reduction percentages will vary to the ranges displayed. Statement about premiums will be included or omitted on a case-by-case basis. When included, age fields will vary to range displayed.
- **Limitation on Multiple Benefits.** This will be included or omitted on a case-by-case basis. When included, the benefits to which the limitation applies will be listed at the end of the provision.
- **Limitation on Multiple Covered Activities.** This will be included or omitted on a case-by-case basis depending on whether or not the program contains a covered activity provision. Reference to Sickness will be included or omitted depending on whether or not benefits for sickness are included in the program or in the covered activities limitation.
- **Pre-Existing Conditions Limitation.** This will be included or omitted on a case-by-case basis. Look-back and benefit deferral periods will vary to ranges displayed. Reference to Sickness will be included or omitted depending on whether or not sickness is included as a pre-ex. Reference to Pregnancy will be included or omitted on a case-by-case basis depending on the program.
- **Lifetime Maximum Benefit.** This will be included or omitted on a case-by-case basis, depending on the program purchased.

Exclusions

- Bracketed exclusions will be included or omitted depending on the program purchased. Bracketed terms within exclusions will also be included or omitted based on program. The final four exclusions (19 through 22) should only be included when the plan is written on an accident-only basis.

Claims Provisions Section

- **Notice of Claim.** Will be at least a 20 day period and may vary to 40, 50, 60 days from group to group. The address is variable in case that should change.
- **Claim Forms.** Will be at least a 15 day period and may vary to 5 or 10 days from group to group.
- **Proof of Loss.** Will be at least a 90 day period may vary to 100, 120, 140, 160 days from group to group.

General Provisions Section

- **Incontestability.** The two year period may vary to three years from group to group for compliance with the minimum statutory requirements of the state in which the Policy is delivered.
- **Beneficiary Designation and Change.** Reference to Company and Policyholder will vary between the two options from group to group. Dependent paragraph will be deleted if no coverage is afforded to Dependents.

EXPLANATION OF VARIABLES

- **Legal Actions.** Time periods may vary to two, three, four five years; 60, 90, 180 days from group to group for compliance with the minimum statutory requirements of the state in which the Policy is delivered.
- **Assignment.** The provision will vary between the two options from group to group.

MASTER/PARTICIPATING ORGANIZATION APPLICATION – N20002, N20002AIG or N20002NUFIC

- **Title.** Title of form will vary to read Master Application or Participating Organization Application. Sickness will be included or omitted on a case-by-case basis.
- **Policyholder.** Bracketed fields in item 1 will be included or omitted from group to group depending on information needed by underwriting.
- **Participating Organization.** Item 2 will be included when the form is a Participating Organization Application. Bracketed fields in item 2 will be included or omitted from group to group depending on information needed by underwriting.
- **Classification of Eligible Persons.** Number of classes and class description will vary from group to group.
- **Policy/Participating Organization Coverage.** Title will vary depending on title of application. Covered Activity field will be included if case is sold with Covered Activities. When included, activities that are “covered activities” will vary from case-to case.
- **Benefits Schedule.** Each of the bracketed benefits will be included or omitted on a case-by-case basis depending on the program proposed. Any bracketed items within a benefit will also be included or omitted on a case-by-case basis depending on the program proposed. Number of Classes will correspond to number in Classification of Eligible Persons field. Numeric fields will vary to the ranges displayed except as follows:
 - The range for the Hospital Admission Benefit is expanded to [\$50 - \$2,500]
 - The range for the Hospital Confinement Benefit for both the first 30 days and thereafter is expanded to [\$50 - \$1,500]. Additionally, this benefit may be presented as a fixed amount (between \$50 and \$1,500) with no references to the first 30 days and over 30 days.
 - The range for the Surgical Benefit under Surgical/Anesthesia Benefit is expanded to [50% - 600%] of the amounts shown in the Schedule of Operations.
 - The Maximum Intensive Care Unit Benefit period under Intensive Care Unit Benefit is expanded from 30 days to a range of [15 – 30] days.
 - The range for Maximum Number of Visits under Physician's Office Visit Benefit is expanded to [up to 6 per calendar year] for any one insured person and [up to 12 per calendar year] for all insured persons in a family.
 - The range for the Daily Benefit under the Continuous Care Benefit is expanded to [\$25 - \$1,500].
- **Policy/Participating Organization Riders and/or Endorsements.** Title will vary depending on title of application. Text in the first sentence will be adjusted to read “*Policy Effective Date*”, “*Participating Organization Effective Date*” or “*Effective Date specified below*”, depending on the situation. The Certificate, which is part of the policy, will always be displayed here. Other forms will be listed or omitted on a case-by-case basis.
- **Critical Illness Certificate Rider Schedule.** This will be included if the Critical Illness Rider is part of the program. Each of the bracketed benefits will be included or omitted on a case-by-case basis depending on the program proposed. Any bracketed items within a benefit will also be included or omitted on a case-by-case basis depending on the program proposed. Number of Classes will correspond to number in Classification of Eligible Persons field Numeric fields will vary to the ranges or options displayed except that a 100% of Benefit Amount option is added to the In-Situ Cancer and Coronary Artery Bypass benefits.
- **Premiums.** Section is variable to display premium amounts, mode and any minimum premium requirements. Minimum premium paragraph will be included or omitted on a case by case basis and amounts displayed by \$XXX will vary. Bracketed text will vary to options displayed.
- **Policy/Participating Organization Effective Date.** Title will vary depending on title of application. Date will vary from group to group.
- **Policy/Participating Organization Termination Date.** Field will only be included when policy is issued for a specific term. Title will vary depending on title of application. Date will vary from group to group.
- **Contribution Information.** This will be included or omitted depending on underwriting requirements.
- **Replacement Information.** This will be included or omitted depending on underwriting requirements.
- **Producing Agent Declaration.** This will be included or omitted depending on underwriting requirements.

EXPLANATION OF VARIABLES

MASTER APPLICATION – N20003, N20003AIG or N20003NUFIC

- **Policyholder.** Bracketed fields in item 1 will be included or omitted from group to group depending on information needed by underwriting.
- **Policy Benefits and Coverage.** The Certificate, which is part of the policy, will always be displayed here. Other forms will be listed or omitted on a case-by-case basis.
- **Policy Termination Date.** Field will only be included when policy is issued for a specific term. Date will vary from group to group.

INDIVIDUAL APPLICATION/ENROLLMENT FORM – N20004, N20004AIG or N20004NUFIC

- **Title.** Title of form will vary to read Application or Enrollment Form depending on whether coverage is medically underwritten or guarantee issue. Sickness will be included or omitted on a case-by-case basis.
- **Fields other than Medical Questions.** These are variable to be included or omitted depending on whether the form is an Application or Enrollment Form.
- **Medical Questions.** These will be omitted entirely when coverage is issued on a guarantee issue basis. Questions will be included when coverage is issued on a medically underwritten basis. Individual questions are also variable to be included or omitted from group to group.

CRITICAL ILLNESS CERTIFICATE RIDER – N20005, N20005AIG or N20005NUFIC

Face Page

- Policyholder Name and Policy Number will vary from group to group. Effective Date of Rider and Name of Insured will vary from person to person.
- **Rider Schedule.** Each of the bracketed benefits will be included or omitted on a case-by-case basis depending on the program sold. Any bracketed items within a benefit will also be included or omitted on a case-by-case basis depending on the program purchased. Numeric fields will vary to the ranges or options displayed **except that (1) a 100% of Benefit Amount option is added to the In-Situ Cancer and Coronary Artery Bypass benefits and (2) a 30 day waiting period option is added to the In-Situ Cancer, Heart Attack, Kidney (Renal) Failure, Stroke, ADL Deficit and Coronary Artery Bypass provisions in the Critical Illness Diagnosis Benefits section.**

Effective and Termination Dates Sections

- The Insured Dependent's Effective and Termination Date section will be included or omitted on a case-by-case basis.

Definitions Section

- Definitions will be included or omitted as follows on a case-by-case basis depending on the program purchased.
 - The definitions of *Activities of Daily Living and ADL Deficit* will only be included if the plan contains the ADL Deficit benefit.
 - The definition of *Critical Illness* will always be included. Conditions in brackets will be included or omitted depending on program purchased.
 - The definition of *Coronary Artery Bypass* will only be included if the plan contains the Coronary Artery Bypass benefit.
 - The definition of *Diagnose/Diagnosis* will always be included.
 - The definition of *Heart Attack* will only be included if the plan contains the Heart Attack benefit.

EXPLANATION OF VARIABLES

The definition of *Kidney (Renal) Failure* will only be included if the plan contains the Kidney (Renal) Failure benefit.

The definition of *Invasive Cancer* will only be included if the plan contains the Invasive Cancer benefit.

The definition of *In-Situ Cancer* will only be included if the plan contains the In-Situ Cancer benefit.

The definition of *Stroke* will only be included if the plan contains the Stroke benefit.

Critical Illness Diagnosis Benefits Section

- Benefits will be included or omitted depending on program sold. Waiting periods will vary to displayed ranges.

Diagnostic Requirements Section

- Benefits will be included or omitted depending on program sold.

Limitations and Exclusions Section

Limitations

- **Reduction Schedule.** This will be included or omitted on a case-by-case basis. When included, age fields will vary to the ranges displayed.
- **Pre-Existing Conditions Limitation.** This will be included or omitted on a case-by-case basis. Look-back and benefit deferral periods will vary to ranges displayed.

Exclusions

- The Workers Comp exclusion will be omitted if coverage is provided on a 24 hour basis

PARTICIPATING ORGANIZATION ENDORSEMENT – N2006, N20006AIG or N20006NUFIC

- Policyholder Name and Policy Number will vary from group to group.
- The first sentence will include or omit text to make it read properly to reflect the effective date of the endorsement.
- **Participating Organization Definition.** Bracketed text will be included or omitted from group to group.
- **Termination.** The third sentence will vary depending on whether or not plan has a pre-determined Termination Date, as shown on the Application. The participation requirement statement will be included if the plan is sold with participation requirements. The percentage will vary to the range displayed.

AMENDMENT – N20007, N20007AIG or N20007NUFIC

- Since the bracketed text in the policy, certificate and Critical Illness Rider is variable to be included, omitted or, where applicable, to vary within the numeric ranges displayed within the brackets, Amendment Form N20007 allows us to make changes to previously issued policies, certificates and Critical Illness Riders. For example, some of our exclusions and limitations are variable to be included or omitted. With this Amendment we can add or delete such an exclusion or limitation. The Amendment may **not** be used to add an exclusion that was not part of the original filing and that had not been previously approved to be included in the policy.

EMERGENCY ROOM SICKNESS TREATMENT BENEFIT RIDER - N20009, N20009AIG or N20009NUFIC

- This benefit will be included or omitted on a case-by-case basis depending on the program purchased. Any bracketed items within a benefit will also be included or omitted on a case-by-case basis depending on the program purchased. Numeric fields will vary to the ranges or options displayed

EXPLANATION OF VARIABLES

OUTPATIENT DIAGNOSTIC X-RAY AND LABORATORY BENEFIT - N20010, N20010AIG or N20010NUFIC

- This benefit will be included or omitted on a case-by-case basis depending on the program purchased. Any bracketed items within a benefit will also be included or omitted on a case-by-case basis depending on the program purchased. Numeric fields will vary to the ranges or options displayed except that the range for Maximum Number of Tests is expanded to [up to 6 per calendar year] for any one insured person and [up to 12 per calendar year] for all insured persons in a family.

ACCIDENT MEDICAL EXPENSE BENEFIT RIDER - N20028NUFIC

1. The Policyholder Name and Policyholder Number will be filled in on a case-by-case basis.
2. The description of the Rider's effective date will either be the Policy's Effective Date or a later date if the Policyholder chooses to add the benefit or coverage after the Policy is already in effect.
3. The maximum amount of Accident Medical Expense the company will pay will vary on a case-by-case basis from \$300 to \$500,000 per accident.
4. The maximum number of accidents covered in a calendar year will vary on a case-by-case basis of 5, 10 or 15 per calendar year.
5. The Maximum Number of Accidents limitation will be included or excluded on a case-by-case basis.
6. If the incurral period is to be a number of hours, the following options are available; 24, 48 or 72 hours. If the incurral period is to be a number of days, the following options are available; 30, 90, 180 or 360 days.
7. This requirement will be included or omitted on a case by case basis.
8. The maximum number of weeks for which the benefit is payable after the accident vary on a case-by-case basis by the specific increments of 24, 52 or 104 weeks.
9. This benefit payable option will be included or excluded on a case-by-case basis.
10. The maximum amount of coverage provided for repair or replacement of sound natural teeth damaged or lost as a result of Injury will vary on a case-by-case basis from \$250 through \$1000 per tooth per accident.
11. This exclusion will be included or omitted on a case by case basis.

MASTER/PARTICIPATING ORGANIZATION APPLICATION – N20002NUFIC(REV 6-11)

- **Title.** Title of form will vary to read Master Application or Participating Organization Application. Sickness will be included or omitted on a case-by-case basis.
- **Policyholder.** Bracketed fields in item 1 will be included or omitted from group to group depending on information needed by underwriting.
- **Participating Organization.** Item 2 will be included when the form is a Participating Organization Application. Bracketed fields in item 2 will be included or omitted from group to group depending on information needed by underwriting.
- **Policy/Participating Organization Riders and/or Endorsements.** Title will vary depending on title of application. Text in the first sentence will be adjusted to read "*Policy Effective Date*", "*Participating Organization Effective Date*" or "*Effective Date specified below*", depending on the situation. The Certificate, which is part of the policy, will always be displayed here. Other forms will be listed or omitted on a case-by-case basis.
- **Premiums.** Section is variable to display premium amounts, mode and any minimum premium requirements. Minimum premium paragraph will be included or omitted on a case by case basis and amounts displayed by \$XXX will vary. Bracketed text will vary to options displayed.
- **Policy/Participating Organization Effective Date.** Title will vary depending on title of application. Date will vary from group to group.
- **Policy/Participating Organization Termination Date.** Field will only be included when policy is issued for a specific term. Title will vary depending on title of application. Date will vary from group to group.
- **Replacement Information.** This will be included or omitted depending on underwriting requirements.
- **Producing Agent Declaration.** This will be included or omitted depending on underwriting requirements.

EXPLANATION OF VARIABLES

SUPPLEMENTAL ACCIDENT BENEFIT RIDER (NON-WORK-RELATED INJURIES) – N20031NUFIC

1. The description of the Rider's effective date will either be the Policy's Effective Date or a later date if the Policyholder chooses to add the benefit or coverage after the Policy is already in effect.
2. The percentage payable for the Supplemental Accident Benefit will vary on a case-by-case basis of 50%, 60%, 75%, 80% or 100%.
3. The maximum amount of Supplemental Accident benefit will vary on a case-by-case basis from \$300 to \$5000 per accident.
4. The maximum amount of Supplemental Accident Benefit will be paid by the company either per Accident, Calendar Year or Coverage Year on a case-by-case basis.
5. The maximum number of accidents covered will vary on a case-by-case basis of 5, 10 or 15 and will be paid either on a per calendar year basis or a coverage year basis.
6. The Maximum Number of Accidents limitation will be included or excluded on a case-by-case basis.
7. For the number of hours after an accident in which treatment is required, the following options are available; 24, 48, 72 or 96 hours.
8. This exclusion will be included or omitted on a case-by-case basis.
9. Limitation of total coverage paid will either be offered on a Calendar Year or Coverage Year basis.
10. This total benefit amount option will be included or excluded on a case-by-case basis.
11. Benefit payment will not be available on either a Calendar Year or Coverage Year basis.
12. This requirement will be included or omitted in a case-by-case benefit.
13. For the number of hours in which benefit is payable, the following options are available; 24, 48, 72 or 96 hours.
14. This requirement will be included or omitted in a case-by-case benefit.

CONTINUATION OF COVERAGE RIDER – N20032NUFIC

1. The description of the Rider's effective date will either be the Policy's Effective Date or a later date if the Policyholder chooses to add the benefit or coverage after the Policy is already in effect.
2. Coverage for the following benefits will be included or excluded on a case-by-case basis; Accidental Death Benefit, Common Carrier Benefit, Accidental Dismemberment Benefit, Paralysis Benefit, Coma Benefit, Accident Disability Income Benefit, Severe Burn Benefit and Fractures and Dislocations Benefit.

DENTAL BENEFITS CERTIFICATE RIDER – N20033NUFIC

1. Policyholder Name and Policy Number will vary from group to group. Effective Date of rider and Name of Insured will vary from person to person.
2. A Deductible for Covered Expenses per Insured Person each Coverage Year is available and will be included on a case-by-case basis.
3. The Deductible for Covered Expenses per Insured Person each Coverage Year will vary between \$0 and \$150 in \$25 increments.
4. The maximum amount of Dental Expense the company will pay will vary on a case-by-case basis from \$250 to \$2000 per accident in increments of \$250.
5. The Benefit Waiting Period for a Service Type I will vary between zero and three months.
6. The Service Type will be subject to a deductible on a case-by-case basis.
7. The Service Type will be subject to a coverage year maximum benefit on a case-by-case basis.
8. Service Type II will either be included or excluded on a case-by-case basis.
9. The Benefit Waiting Period for a Service Type II will vary between zero and six months.
10. Service Type II will either be included or excluded on a case-by-case basis.
11. The Benefit Waiting Period for a Service Type III will vary between zero and twelve months.
12. Service Type III will either be included or excluded on a case-by-case basis.
13. Insured Dependent's Effective and Termination dates will be included if coverage is provided to the insured's dependent.
14. Any applicable indemnity benefit payable will be listed if there is an indemnity benefit requiring payment.
15. This will be included if there is an indemnity benefit requiring payment.
16. This benefit percentage payable option will be included or excluded on a case-by-case basis.
17. Alternate Plan benefit will be included or excluded on a case-by-case basis.
18. This expense will be included or omitted on a case-by-case basis.

EXPLANATION OF VARIABLES

19. The definition of Deductible will only be included if it's elected on the rider schedule.
20. This will be omitted if only one Service Type is chosen.
21. This will not be included if the Insured's Dependents have been omitted from coverage.
22. This will be included or omitted based on the amount of Service Types selected.
23. The number of years will vary between 3 years and 7 years on a case-by-case basis.
24. This will be omitted if no restriction on age is selected.
25. General Anesthesia will be included or omitted on a case-by-case basis.

AMENDATORY ENDORSEMENT – N20034NUFIC

1. Policyholder Name and Policy Number will vary from group to group. Effective Date of rider and Name of Insured will vary from person to person.

OUTPATIENT DIAGNOSTIC PATHOLOGY TEST BENEFIT RIDER – N20035NUFIC

1. The description of the Rider's effective date will either be the Policy's Effective Date or a later date if the Policyholder chooses to add the benefit or coverage after the Policy is already in effect.
2. The amount of Outpatient Diagnostic Pathology Test Benefit will vary between \$10 through \$500 per visit.
3. The Maximum number of visits for one insured person will vary between 1 and 12 per coverage year.
4. This benefit will not be included if there is only one covered person on the policy.
5. The Maximum number of visits for All Insured Persons in a Family insured person will vary between 3 and 36 per coverage year.
6. This will be omitted if there is no waiting period selected.
7. The entire phrase will be omitted if the option is not selected.
8. The entire phrase will be omitted if there is no incurral period selected.
9. The number of days within an injury is suffered will vary from 30, 90, 180 or 365 on a case-by-case basis.
10. Sickness will be omitted if that type of coverage is not provided.

OUTPATIENT DIAGNOSTIC RADIOLOGY TEST BENEFIT RIDER – N20036NUFIC

1. The description of the Rider's effective date will either be the Policy's Effective Date or a later date if the Policyholder chooses to add the benefit or coverage after the Policy is already in effect.
2. The amount of Outpatient Diagnostic Radiology Test Benefit will vary between \$10 through \$500 per visit.
3. The Maximum number of visits for one insured person will vary between 1 and 12 per coverage year.
4. This benefit will not be included if there is only one covered person on the policy.
5. The Maximum number of visits for All Insured Persons in a Family insured person will vary between 3 and 36 per coverage year.
6. This will be omitted if there is no waiting period selected.
7. The entire phrase will be omitted if the option is not selected.
8. The entire phrase will be omitted if there is no incurral period selected.
9. The number of days within an injury is suffered will vary from 30, 90, 180 or 365 on a case-by-case basis.
10. Sickness will be omitted if that type of coverage is not provided.

EXTENSION OF BENEFITS RIDER – N20037NUFIC

1. The description of the Rider's effective date will either be the Policy's Effective Date or a later date if the Policyholder chooses to add the benefit or coverage after the Policy is already in effect.

Amendatory Endorsement – N20038NUFIC

1. Policyholder Name and Policy Number will vary from group to group. Effective Date of rider and Name of Insured will vary from person to person.
2. The beginning date and ending date of coverage will vary on a case-by-case basis.
3. The following listed coverage benefits will be included or omitted on a case-by-case basis; Emergency Room Accident Treatment Benefit, Emergency Room Sickness Treatment Benefit Rider, Accidental Death Benefit, Accidental Dismemberment Benefit, Common Carrier Benefit, Paralysis Benefit, Coma Benefit, any Disability Income Benefit and Fractures and Dislocations.

EXPLANATION OF VARIABLES

4. Maximum Intensive Care Unit Benefit Period will be included if it was previously selected.
5. Benefit Coverage - Per-Prescription Generic medication will vary between \$5 and \$100.
6. Benefit Coverage - Brand Name Per-Prescription medication will be included or omitted on a case-by-case benefit.
7. Benefit Coverage - Brand Name Per-Prescription medication will vary between \$5 and \$100.
8. The Maximum number of Generic prescriptions including refills will vary between 1 and 48 per Coverage year.
9. Brand Name prescription refill options will vary on a case-by-case basis.
10. The Maximum number of Brand Name prescriptions including refills will vary between 1 and 24 per Coverage year.
11. The amount of benefit coverage for a Routine Physical Examination will vary between \$50 and \$500 per visit.
12. The maximum number of Routine Physical Examination visits for one person will vary between 1 and 3 per year.
13. Coverage for Routine Physical Examinations for all persons in an insured's family will be covered if they are covered on the policy.
14. The maximum number of Routine Physical Examination visits for all insured persons in family will vary between 3 and 9 per year.

SURGICAL/ANESTHESIA BENEFIT RIDER – N20039NUFIC

1. The description of the Rider's effective date will either be the Policy's Effective Date or a later date if the Policyholder chooses to add the benefit or coverage after the Policy is already in effect.
2. The amount of inpatient Surgical Benefit coverage will vary between \$20 and \$150 on a case-by-case basis.
3. Outpatient coverage for Surgical Benefits will be included or omitted on a case-by-case benefit.
4. The amount of outpatient Surgical Benefit-Impatient coverage will vary between \$20 and \$150 on a case-by-case basis.
5. The amount of Inpatient Maximum Surgical Benefit coverage will vary between \$100 to \$5000 in \$50 increments.
6. Outpatient coverage for Maximum Surgical Benefits be included or omitted on a case-by-case benefit.
7. The amount of outpatient Maximum Surgical Benefit coverage will vary between \$100 to \$5000 in \$50 increments.
8. The percentage of coverage for the Anesthesia Benefit will vary between 10% and 50%.
9. If no percentage of Anesthesia Benefit coverage is selected then a flat dollar amount for Inpatient and Outpatient coverage will be covered.
10. If a percentage of Anesthesia Benefit coverage is selected, then a flat dollar amount for Impatient and Outpatient coverage will not be selected.
11. The amount of Outpatient Anesthesia Benefit coverage will vary between \$10 to \$1000 in \$10 increments.
12. The amount of Outpatient Anesthesia Benefit coverage will vary between \$10 to \$1000 in \$10 increments.
13. The amount of Inpatient Maximum Anesthesia Benefit will vary between \$10 to \$1000 in \$10 increments.
14. Outpatient coverage for Maximum Anesthesia Benefit be included or omitted on a case-by-case benefit.
15. The amount of Outpatient Maximum Anesthesia Benefit will vary between \$10 to \$1000 in \$10 increments.
16. This will be omitted if there is no waiting period selected.
17. The entire phrase will be omitted if the option is not selected.
18. The number of days within an injury is suffered will vary from 30, 90, 180 or 365 on a case-by-case basis.
19. The entire phrase will be omitted if there is no incurral period selected
20. The charge for the Anesthesia Benefit will either be selected as "incurred" or "made directly by the Physician and not as a service of a Hospital".
21. This variable will be included if the Policyholder previously selected that benefits are payable under the Surgical/Anesthesia Benefit and the Dislocations and Fractures Benefit.

SPECIFIED DISEASE CERTIFICATE RIDER – N20040NUFIC

1. Policyholder Name and Policy Number will vary from group to group. Effective Date of rider and Name of Insured will vary from person to person.
2. The amount of Invasive Cancer – First Diagnosis coverage for the insured will vary between \$1,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000 and \$25,000 on a case-by-case basis.
3. The amount of Invasive Cancer – First Diagnosis coverage for the insured's dependent will vary between \$500, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000 and \$12,500 on a case-by-case basis.
4. The amount of In-Situ Cancer– First Diagnosis coverage for the insured will vary between \$250, \$500, \$750, \$1,000 on a case-by-case basis.

EXPLANATION OF VARIABLES

5. The amount of In-Situ Cancer– First Diagnosis coverage for the insured's dependent will vary between \$250, \$500, \$750, \$1,000 on a case-by-case basis.
6. The amount of Skin Cancer– First Diagnosis coverage for the insured will vary between \$250, \$500, \$750, \$1,000 on a case-by-case basis.
7. The amount of Skin Cancer– First Diagnosis coverage for the insured's dependent will vary between \$250, \$500, \$750, \$1,000 on a case-by-case basis.
8. The amount of Heart Attack – First Diagnosis coverage for the insured will vary between \$1,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000 and \$25,000 on a case-by-case basis.
9. The amount of Heart Attack – First Diagnosis coverage for the insured's dependent will vary between \$500, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000 and \$12,500 on a case-by-case basis.
10. The amount of Kidney (Renal) Failure – First Diagnosis coverage for the insured will vary between \$1,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000 and \$25,000 on a case-by-case basis.
11. The amount of Kidney (Renal) Failure – First Diagnosis coverage for the insured's dependent will vary between \$500, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000 and \$12,500 on a case-by-case basis.
12. The amount of Organ Transplant Surgery – First Diagnosis coverage for the insured will vary between \$1,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000 and \$25,000 on a case-by-case basis.
13. The amount of Organ Transplant Surgery – First Diagnosis coverage for the insured's dependent will vary between \$500, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000 and \$12,500 on a case-by-case basis.
14. The amount of Stroke – First Diagnosis coverage for the insured will vary between \$1,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000 and \$25,000 on a case-by-case basis.
15. The amount of Stroke – First Diagnosis coverage for the insured's dependent will vary between \$500, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000 and \$12,500 on a case-by-case basis.
16. The Insured Dependent's Effective and Termination Dates section will only be included if there are any dependents listed on the policy.